M C SE	ISSOUR	l Di	VIS	ION OF HEAL		,					463-0	44429
DO NOT WRITE			R	gistration District No	556	Primary	Registration	District No. 20	O/Registrar's	No. 572	STATE FI	LE NUMBER
DO NOT WRITE ON THIS STUB	AMEND	£Ω		TI FOURT	1963			<u> </u>		•		
vs 300	ا اما		1	PLACE OF DEATH	ء و آ،	per			N	DENCE (Where dece .ssouri ^{b. CO}		rtion: Residence before admission)
Rev. 4/59	9			b. CITY (If outside corpo			' anly)	Length of stay in 15	c. CITY			Inside Limits
	MEN			OR TOWN	Joolin			35 yrs	OR TOWN	Joplin		YesyE No □
114.99	 ₹		-	c. FULL NAME OF (If NO HOSPITAL OR	OT in hospital,	give location)		Inside Limits	d. STREET ADDRESS	(15	cutside, give location)	
20499	DATE AMENDED		_	INSTITUTION	St. Joh	n's Hos	spital	Yes 🙀 No 🗆	AUDRESS	2620 Penr	sylvania A	Ve. Yes NoX
3	2	\sqcap	3	NAME OF DECEASED (Type or print)	First		,	Middle	Last	4. DATE OF		Day Year
- <u> </u>					EUN			<u>H.</u>	BUFORD		lovember 2	
5 /			5	. sex	6. COLOR OR W	RACE 7	. MarriedX Widowed		5-26-19	15 48	Months	YEAR IF UNDER 24 HR Days Hours Min.
	_		10	. USUAL OCCUPATION (C			_	BUSINESS OR INDUST	I	E (City and state or	l l	N OF WHAT COUNTRY
6	<u> </u>			during most of working Housew	<u>vife</u>			home		Springs, M	O. US	-
7.0		 	13	. father's name Unk			13b. N	OTHER'S MAIDEN NA	WE		·1 Buford	WIFE
* 2 %810	<u>a</u>		15 (Y	. WAS DECEASED EVER II es, no, or unknown) (If ye NO	N U.S. ARMED es, give war or	FORCES? dates of servi		OCIAL SECURITY NO.	Earl Buf	ord, 2620	Address Pennsylvai	
	₹ ¥			18. CAUSE OF DEATH (E	Enter only one	cause per line	for (a), (b),	and (c).			<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
10	5 r	WE		, , , , , , , , , , , , , , , , , , , ,	IMMEDIATE			tic coma.				5 days
11 3-1	NSTEAD OI	DOCUMENT		Conditions which gave		DUE 10 (b) _	Fatt	y degenerat	ion of liv	er.		6-12 months
132-0	SE SE			above car stating the lying car	use (a), } a under- use last. }	DUE TO (c)		y cirrhosis			I	6-12 months
	5		Š	PART II.	OTHER SIGNIF	FICANT COND on given in Pa	DITIONS CO ART I (a)	INTRIBUTING TO DE	ATH but not related	to the terminal	PART III. If dece	ased was female was pregnancy in last 90 days.
	<u>\$</u>		ICAT	Acute chol	lecystit	is with	n obst				☐ Yes	No Unknown
	AMENDMEN		CERTIFICATI	19. WAS AUTOPSY 2 PERFORMED? YES NO 🔼	20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of	injury in PART I or P	ART II of item 18.)
y NO	AWE		WEDICAL	20c. TIME OF Hour INJURY s.m. p.m.	Month, Day,	ţ					_	
BLACK INK OR RITER RIBBON			*	20d. INJURY OCCURRED WHILE AT WORK D	i	e. PLACE OF farm, facto	INJURY (e.	g., in or about home, iffice bldg., etc.)	20f. CITY, TOWN,	OR LOCATION	COUNTY	STATE
A A C	READ		i			11-8-6	3	, 11-2	24-63	and last saw her al	ive on 11-24	-63
WRIT O				21. I attended the dece Death occurred at	eased from			3:05 p.m on	the date stated abov		f my knowledge, from	
USE BLACH OR TYPEWRITER	SHOULD	VIT OF		22s. SIGNATURE	Loes	(Degree	M.	xl		-	lin, Missov	
	ġ Q	AFFIDAVI	23	e. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-26-1	1963	Zic. NAM	e of CEMETERY OR CO ount Hope Co	emetery,	1 5	ty Missour	CState)
	ITEM N	BY AF	2.	FUNERAL DIRECTOR STEVE PARKER		ADDRES	IN, M		ATE RECD. BY LOCA	L REG. 26. REGIS	OUTE //	errian
'	1 1		ــ ا	- 				ensed Embalmar's Sta	tement on Reverse Si	de)	_	

r by	, Student Embalmer No
orking under my personal supervision.	Pel DO 7 S
tudent, Signature of Student Embalmer	Signed Water College
	Licensed Embalmer No. 5793
	P. O. Address Jesli. 7. W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.